AMENDMENT TRANSMITTAL LETTER						Docket No. 4252-0119PUS1	
Application No.		Filing Date		Examiner		Art Unit	
***************************************				A. M. Iwama	ye 3774		
Applicant(s): Masaru TANAKA et al.							
Invention: CELL GROWTH INHIBITING FILM, MEDICAL INSTRUMENT AND DIGESTIVE SYSTEM STENT							
MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450							
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Account of the second of the s							
After		Highest Number Previously Paid	Number Extra Claims Present	₹ate			
	7	- 20 =		Х			
	1	- 4 =		×			
Multiple Dependent Claims (check if applicable)							
Other fee (please specify): Request for continued examination (RCE) (see 37 CFR 1.114)					810.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					810.00		
x Large Entity Small Entity							
No additional fee is required for this amendment.							
Flease charge Deposit Account No. 02-2448 in the amount of \$ 810.00 .  A duplicate copy of this sheet is enclosed.							
A check in the amount of \$ is enclosed.							
X The Director is hereby authorized to charge and credit Deposit Account No. 62-2448							
Credit any overpayment.							
A portarige any additional aning or application processing lees required under 37 CFR 1.16 and 1.17.							
Marc S. Weiner Attorney Reg. No.: 32,181							
BIRCH, STEWA 8110 Gatehouse Suite 100 East P.O. Box 747 Falls Church, Vi	ART, KOLASCI e Road	·	.p				
	Application 10/580,648-Complicant(s): Mass rention: CELL Control STENT RCE mmissioner for 10 Payment dependent claims Independent Claims  Total Claims Independent Claims  Multiple Dependent Claims  Multiple Dependent Claims  TOTAL ADDITION A duplicate of A duplicate of A check in the Payment by X The Director as described X Credit are Charge at	Application No. 10/580,648-Conf. #5783  plicant(s): Masaru TANAKA e  rention: CELL GROWTH INHI STENT  RCE mmissioner for Patents D. Box 1450 exandria, VA 22313-1450 ransmitted herewith is an ame the fee has been calculated and rention: Claims Remaining After Amendment Total Claims 7 Independent Claims 1  Multiple Dependent Claims (che Claims No additional fee is required X Large Entity No additional fee is required X Please charge Deposit Acc A duplicate copy of this she A check in the amount of \$ Payment by credit card. For X The Director is hereby auth as described below. A dup X Credit any overpayment X Charge any additional filling Credit any overpayment X Charge any additional filling Marc S. Weiner Attorney Reg. No.: 32,181  BIRCH, STEWART, KOLASCI 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-6	Application No. Filing 10/580,648-Conf. #5783 February plicant(s): Masaru TANAKA et al.  Fention: CELL GROWTH INHIBITING FILM. STENT  FRCE mmissioner for Patents Described by andria, VA 22313-1450 ransmitted herewith is an amendment in the the fee has been calculated and is transmitted herewith grandment Previously Amendment Previously Amendment Previously Paid Total Claims Remaining After Previously Paid Total Claims 7 - 20 = Independent 1 - 4 = Multiple Dependent Claims (check if applicable Other fee (please specify): Request for cont CFR 1.114)  TOTAL ADDITIONAL FEE FOR THIS AME  X Large Entity  No additional fee is required for this amendment by Check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. Form PTO-2038 A check in the amount of \$  Payment by credit card. 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Box 1450 December 10/580,747  Felicant 10/580,648-Conf. #6783  RCE mmissioner for Patents D. Box 1450 December 10/580,747  Felicant 10/580,648-Conf. #6783  RCE mmissioner for Patents D. Box 1450 December 10/580,747  Felicant 10/580,7	Application No. Filing Date Examiner 10/580,648-Conf. #5783 February 12, 2007 A. M. Iwamar plicant(s): Masaru TANAKA et al.  Pention: CELL GROWTH INHIBITING FILM, MEDICAL INSTRUMENT AND ISTENT  GROE Inmissioner for Patents Deposit Account No. O2-2448 In the amount of \$ A duplicate copy of this sheet is enclosed.  A check in the amount of \$ Is enclosed.  A check in the amount of \$ Is enclosed.  A thory any additional filing or application processing fees required under 3 Marcs Region Region Region Region Processing fees Required Under 3 Marcs Region Regi	Application No. 10/580,648-Conf. #5783 February 12, 2007 A. M. Iwamaye plicant(s): Masaru TANAKA et al.  Pention: CELL GROWTH INHIBITING FILM, MEDICAL INSTRUMENT AND DIGESTING STENT  SRCE minissioner for Patents D. Box 1450 Examiner And Patents D. Box 1450 Examining Andre Previous Extra Claims Remaining Andre Previous Extra Claims Remaining Andre Previous Extra Claims Present Rate  Total Claims 7 - 20 =	